

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	1						52		
3	1						53		
4	1						54		
5	1						55		
6	1						56		
7	1						57		
8	1						58		
9	1						59		
10	1						60		
11	1						61		
12	4						62		
13							63		
14	7						64		
15							65		
16							66		
17	2						67		
18	1						68		
19	1						69		
20	1						70		
21	1						71		
22	1						72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	1						TOTAL DEP.		
TOTAL CLAIMS	1						TOTAL CLAIMS		